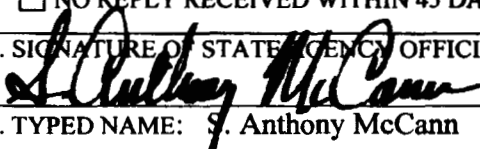



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 05-07	2. STATE Maryland
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 31, 2005	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2005 \$0 b. FFY 2006 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, page 15C, Attachment 3.1A, page 15C-1 Attachment 3.1A, page 15C-2, Attachment 3.1A, page 15C-3 Attachment 3.1A, page 15C-4, Attachment 3.1A, page 15C-5 Attachment 3.1A, page 15C-6, Attachment 3.1A, page 15C-7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, page 15C (96-10), Attachment 3.1A, page 15C-1 (new), Attachment 3.1A, page 15 C-2 (new), Attachment 3.1A, page 15C-3 (new), Attachment 3.1A, page 15C-4 (new), Attachment 3.1A, page 15C-5 (new), Attachment 3.1A, page 15C-6 (new), Attachment 3.1A page 15C-7 (new)	
10. SUBJECT OF AMENDMENT: Update limitations and preauthorization requirements under the Early and Periodic Screening, Diagnosis and Treatment Program: Private Duty Nursing.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201	
13. TYPED NAME: S. Anthony McCann			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: Feb. 15, 2005			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: Feb. 15, 2005		18. DATE APPROVED: 4-25-05	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 31, 2005		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Susan Cuenden		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>9. To participate in the Maryland Medical Assistance Program as an EPSDT referred services provider for rental of durable medical equipment not covered under the current State Plan, intermediate alcohol and drug treatment facilities, private duty nursing and other necessary health care services described in section 1905(a) of the Social Security Act, a provider shall:</p> <p>a. Gain approval by EPSDT screening provider every 30 days for continued treatment. This approval must be documented by the EPSDT screening provider and the EPSDT referred services provider in the recipient's medical record; and</p> <p>b. Have experience with rendering services to individuals from birth to 21 years.</p> <p>10. <u>Private Duty Nursing Services Limitations.</u></p> <p>A. The Program does not cover the following:</p> <p>(1) Home health services that are covered under COMAR 10.09.04;</p> <p>(2) Skilled nursing services rendered by a nurse who is a member of the recipient's immediate family or who ordinarily resides with the recipient;</p> <p>(3) Custodial services;</p> <p>Approval Date: <b>APR 25 2005</b> Effective Date: <u>JAN 31, 2005</u></p>

TN NO. 05-07  
Supercedes TN No. 96-10

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>(4) Services not deemed medically necessary at the initial assessment or the of most recent plan of care review;</p> <p>(5) Services delivered by a licensed nurse who is not directly supervised by a licensed registered nurse who documents all supervisory visits and activities;</p> <p>(6) Services not preauthorized by the Department or the Department's designee, with the exception of the initial assessment and the newborn early discharge assessment;</p> <p>(7) Services provided to a recipient in a hospital, residential treatment center, or an intermediate care facility for mental retardation or addiction or a residence or facility where private duty nursing services are included in the living arrangement by regulation or statute, or otherwise provided for payment;</p> <p>(8) Services not directly related to the plan of care;</p> <p>(9) Services specified in the plan of care, when the plan of care has not been signed by the recipient or the recipient's legally authorized representative the Department or the Department's designee, and the recipient's primary medical provider, when the services are covered under COMAR 10.09.27;</p>

TN NO. 05-07  
Supersedes TN No. (new)

Approval Date: APR 25 2005  
Effective Date: JAN 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	(10) Services described in the plan of care whenever a major change occurs in the recipient's medical condition or skilled nursing care needs; (11) Services not ordered by the recipient's primary medical provider as a result of a partial or complete EPSDT screen; (12) Services not ordered by the recipient's primary medical provider; (13) Newborn early discharge services provided more than one time to a recipient; (14) Services specified in Regulation .04 of this chapter which duplicate or supplant services rendered by the recipient's family caregivers or primary caregivers as well as other insurance, privilege, entitlement, or program services that the recipient receives or is eligible to receive; (15) Services specified in Regulation .04 of this chapter to recipients eligible for any third-party liability coverage of those services; (16) Services provided for the convenience or preference of the recipient or the primary caregiver rather than as required by the recipient's medical condition;

TN NO. 05-07  
Supersedes TN No. (new)

Approval Date: APR 25 2005  
Effective Date: JAN 31, 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	(17) Services which are not initially ordered and renewed every 60 days by the recipient's primary medical provider;  (18) Services provided by a nurse who does not possess a valid, current, signed, unrestricted nursing license to provide nursing services in the jurisdiction in which services are rendered;  (19) Services provided by a nurse who does not have a current, signed cardiopulmonary resuscitation (CPR) certification for the period during which the services are rendered;  (20) Direct payment for supervisory visits;  (21) Nursing services rendered to a recipient by a nurse in the nurse's home;  (22) Nursing services not documented as received by the recipient as indicated by the lack of the recipient's signature or the signature of a witness on the nursing agency's official form; and  (23) Respite services.  B. Private duty nursing services may only be provided to EPSDT eligible individuals under 21 years old.  C. A provider may not bill for a newborn early discharge assessment visit provided on the same

TN NO. 05-07  
Supercedes TN No. (new)

Approval Date: **APR 25 2005**  
Effective Date:       JAN 31, 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>day as services billed under COMAR 10.09.38, or as other services billed under this chapter.</p> <p><u>Preauthorization Requirements</u></p> <p>A. The Department or the Department's designee shall preauthorize private duty nursing services, according to necessity, frequency, and duration, as a prerequisite to payment beyond the initial assessment.</p> <p>B. Preauthorization is issued when:</p> <p>(1) Program procedures are met;</p> <p>(2) Program limitations are met;</p> <p>(3) The requirements specified in this chapter are met, and</p> <p>(4) The Department or the Department's designee determines that the services are medically necessary.</p> <p>C. The provider shall request the Department or the Department's designee to authorize the initiation or continuation of private duty nursing services before the initiation or continuation of services unless services are rendered to a recipient in need of emergency or urgent medical services.</p> <p>D. The provider shall request the Department or</p>

TN NO: 05-07  
Supersedes TN No. (new)

Approval Date: **APR 25 2005**  
Effective Date:    JAN 31, 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>the Department's designee to authorize emergency or urgent medical services rendered to a recipient not later than the close of business the next business day after the emergency or urgent service is rendered.</p> <p>E. If private duty nursing services in excess of the initial authorized amount are necessary, then:</p> <p>(1) The nurse shall contact the primary medical provider for approval of additional hours; and</p> <p>(2) The provider shall request the Department or the Department's designee to authorize the increase in services before the initiation of change for nonemergency and nonurgent changes and not later than the close of business the next business day after the emergency or urgent service is rendered.</p> <p>F. An existing preauthorization shall remain in effect when a recipient is discharged from a hospital admission of less than or equal to 72 consecutive hours and there is no substantive change in the recipient's plan of care requiring a change in the number of authorized units of nursing services.</p> <p>G. Since preauthorization does not guarantee Program eligibility, the provider is responsible for checking for Program eligibility on the date</p>

TN NO. 05-07  
Supersedes TN No. (new)

Approval Date: **APR 25 2005**  
Effective Date:     JAN 31, 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>of service.</p> <p>H. Preauthorization is only valid for services initiated within the period authorized by the Department or the Department's designee.</p> <p>I. Preauthorization is only valid for services rendered over a fixed period of time, such as:</p> <ul style="list-style-type: none"><li>(1) The periods designated for recipients who are served under COMAR 10.09.27;</li><li>(2) For the designated time initially ordered by the recipient's primary care provider, up to 30 days; and</li><li>(3) For intervals of 60 days after that or as considered necessary by the Department or the Department's designee.</li></ul> <p>J. Authorization shall be rescinded by the Department of the Department's designee when:</p> <ul style="list-style-type: none"><li>(1) The recipient is terminated from care;</li><li>(2) The recipient is admitted to a residential treatment center, an intermediate care facility for the mentally retarded or addiction, or a nursing facility;</li><li>(3) The recipient is discharged from a hospital admission of less than or equal to 72 consecutive hours resulting in a change in the recipient's plan of care;</li></ul>

TN NO. 05-07  
Supersedes TN No. (new)

Approval Date: **APR 25 2005**  
Effective Date:       JAN 31, 2005

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	(4) The recipient is admitted to a hospital for a period more than 72 consecutive hours; or  (5) The Department or the Department's designee determines that the care is no longer medically necessary.
TN NO. <u>SPA 05-07</u> Supersedes TN No. <u>(new)</u>	Approval Date: <u>APR 25 2005</u> Effective Date: <u>___ JAN 31, 2005 ___</u>